| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | 10 | 3-8-01 |
| O.I.P.E. CLASSIFIER | | 90 | |
| FORMALITY REVIEW | | | 03/30/01 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | ............................... Rejected | N | ................................... Non-elected |
| = | ............................... Allowed | I | ................................... Interference |
| — | (Through numeral)... Canceled | A | ................................... Appeal |
| ÷ | ............................... Restricted | O | ................................... Objected |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)